

# PART B - FEE(S) TRANSMITTAL

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22204 7590 11/26/2002  
**NIXON PEABODY, LLP**  
**8180 GREENSBORO DRIVE**  
**SUITE 800**  
**MCLEAN, VA 22102**



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**K.M. McManus** (Depositor's name)  
*K.M. McManus* (Signature)  
**February 26, 2003** (Date)

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 09/749,643      | 12/28/2000  | Checrallah Kachouh   | 741118-43           | 4922             |

**TITLE OF INVENTION:** ELECTRIC MOTOR ACTUATOR FOR A MOTOR VEHICLE LOCK

| APPLN. TYPE    | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE   |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | NO           | \$1280    | \$300           | \$1580           | 02/26/2003 |

| EXAMINER        | ART UNIT | CLASS-SUBCLASS |
|-----------------|----------|----------------|
| KYLE, MICHAEL J | 3676     | 070-279100     |

**1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).**

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

**2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.**

Nixon Peabody LLP;  
David S. Safran  
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**(A) NAME OF ASSIGNEE**

**(B) RESIDENCE: (CITY and STATE OR COUNTRY)**

**Robert Bosch GmbH**

**Stuttgart, Germany**

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

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☒ Publication Fee

☐ Advance Order - # of Copies \_\_\_\_\_

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**(Authorized Signature)**

**David S. Safran**

**(Date)**

**02/26/2003**

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01 FC:1501  
02 FC:1504

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